SUBMIT: COMPLETED APPLICATION, TAX STATE SENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFICAD COLNITY WISCONSIN
Date Supp (Received) ₹ 1 5 2012

		Amount Paid:	Date:	Permit #:
_	Slislic	\$125.00 ROS	5-94-10	のつな

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS:

Bayfield Co. Zoning Dept.

Refund:		Amount Paid:	Date:	Permit #:
	Slisliz	\$125.00 ROS	5-04-10	のうない

	Municipal Use				Commercial Use				X Residential Use	k.			Proposed Use	roposed Construction:	Existing Structure: (If permit being applied for is relevant to it)				Т	火, 200 Inc	□A	××	of Completion * include donated time & material	Non-Shoreland] Shoreland → □ l		Section	1/4, N)	PROJECT LEE	nutnorized Agent: (Person S		XXX Old	Address of Property:	TYPE OF PERMIT REQUESTED—) NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
				_ _	W					7	M)	×	- ·		ermit bei		Property	Run a Business on	elocate (e	Conversion	ddition/	New Construction	Project at are you app		s Propert)	s Property ek or Lan	, Township	1/4	al Descrip	Signing Appli		W	5	STED-	N UNTIL ALI
Accessory	Accessory Building	Addition/	Mobile H	Bunkhous							Residence	Principal 9			ng applied fo			iness on	Relocate (existing bldg)	ח	☐ Addition/Alteration	truction	Project (What are you applying for)		//Land within	//Land withir dward side o	2	H Z Gov't Lot	Legal Description: (Use Tax Statement)	Preson signing Application on benait of owner(s)	man et elektrische Herrische Ausstal aus der eine der ein			34.5	L PERMITS HAV
∑		Addition/Alteration	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, <u>or</u> \square sleeping quarters,	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	(i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)			r is relevant to	X Former			Basement	□ 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —	N, Range	Lot(s)	ax Statement)	or Owner(s))	- -		D	XIAND USE SANITARY	E BEEN ISSUED
ldition/A	(specify)	(specify)	ctured dat	ary, <u>or</u> 🗆	ched Gar	Deck	무	Porch	ch h		nunting s	rst struct	-		it)	R	tion	ment	nt		+ Loft		ries ement		Lake, Pon If ye	iver, Stream If yes-	¥	(s) CSM	04- 0	2 8 8		`t	Å S	ANITARY	TO APPLICA
Iteration (sp			e)] sleeping qua	age						hack, etc.)	ure on prop	Proposed Structure	Length:	Length:					M Storage	Year Round	□ Seasonal	Use		Pond or Flowage If yescontinue	am (incl. Intermit	Town of:		04- 036-2-4	Agent rhone:	Contractor Flore:	1	tate/Zip:	ITARY □ PRIVY Mailing Address:	NT.
ecify)				or								erty)	ucture	华人	, 			×			und 🗆		- Carlos		□		nenta	Vol & Page Lot 701-985-382	-40 eg-	Agei	- Calminori		15		MOM DO
] cooking				-										None		3	2		I a second		Distance Structure	Distance Structure	ta	Lot(s) No.	07-1	I Mail		٤	· · · · · · · · · · · · · · · · · · ·	NDITION	O I FILL OUT
		·		& food pro										Width:	Width:	□ None	: C0	□ Po	A P	□ Sar	(Si	1	THOUSEN STATES OF THE STATE OF		ucture is:				02-600	duress (III)	Þ	SY	X	ONAL USE 🗸	THIS APPLI
				□ cooking & food prep facilities)										7		ne	Compost Toilet	Portable (w/service contract)	A Privy (Pit) or	Sanitary (Exists)	(New) Sanitary	Municipal/City	Sewe Is c		is from Shoreline :	is from Shoreline : fee		Block(s) No.	7 8	Agent maining Auriess (include city) state/zipj.		1805	Dai	☐ CONDITIONAL USE A SPECIAL USE	HOW DO I FILL OUT THIS APPLICATION (visit our website
_	_	_)	1	_	(-	~	_	- /		١ كو	ם			aradosanderedesileredesidesse ^e re ^e di	ilet	service cor	$\$	5	ary Specify		What Type of Sewer/Sanitary System Is on the property?		eline :	eline : feet	Lot Size	Subdivision:	Volume _				E	AL USE	it our websi
×	×	×	×	×	×	×	×	×	×	DOX R	×	4 x 4	Dimensions	He	He			ntract)	Ited (min	ify Type:	ify Type: _		oe of ry System operty?		□ Yes	Is Property in Floodplain Zone		Ä	Document	***************************************			28.5 SSS	B.O.A.	
	_	_)	_	_)	_	_	_	<u>۔</u>	_	()	้าร	Height: (Height:				Vaulted (min 200 gallon)				a		□ Yes	Is Property in Floodplain Zone?	Acreage 1300		Page(s)	Attached		75.5	Cell Phone:	<u></u>	yfieldcoun
						NAMES AND ADDRESS OF THE PROPERTY OF THE PROPE				28 C		1056	Square Footage	7					n) I CIW		_ □ Well	☐ City	Water	-	X Yes No	Are Wetlands Present?	O		Volume Page(s)	Attached Pes No		15-560-08291	i i	DOTHER	www.bayfieldcounty.org/zoning/asp)

Other: (explain)

Special Use: (explain) ______
Conditional Use: (explain)

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Owner(s): Mond + (If there are Multiple Owners II) FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any resonable time for the purpose of inspection.

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sign or letter(s) of authorization must accompany this application)

Authorized (If you are sustance) are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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X MAXX

5483 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date

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Date of Approval: (7	Signature of Inspector.
and so entends are Kellon automb aft pay any sentent is and	Tell Vol
Committee or Board Conditions Attached? Tyes Two-IIF No they need to be attached.) SHOUTHER MAY NOT BE USED THE MOUNT MONTH TIME OF BUT WING SINCE	Condition(s):Town, Committee or Board Conditions The Reserve Structure Thy
Inspected by: XX Date of Re-Inspection:	
Was Property Surveyed □ Yes (Rua)	
☐ Yes. ☐ No Were Property Lines	☐ Yes ☐ No Case #: Was Parcel Legally Created XYes ☐ No
Previously Granted by Variance (B.O.A.)	
us Lot(s)	Sub-Standard Lot
Permit Date: 5.24.13	Permit #: 22 /2 /2
Sanitary Number: C名・久ら かof bedrooms: Sanitary Date:	Issuance Information (County Use Only) Permit Denied (Date):
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	(9) Stake OF MATICE: All Land Use P For The Construction Of New Or The loa
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Prior to the placement or construction of a structure more than ten (one previously surveyed corne to the other previously surveyed corn marked by a licensed surveyor at the owner's expense.
30 Feet	Setback to Privy (Portable, Composting) Pror to the placement or construction of a structure within ten (10) feet of the minimum other previously surveyed corner or marked by a licensed surveyor at the owner's expens
Feet Setback to Well Feet	Setback to Septic Tank or Holding Tank Setback to Drain Field
Feet SetDack from 20% Slope Area Feet Feet Elevation of Floodplain Feet	Setback from the East Lot Line
Setback from Wetland	Setback from the North Lot Line Setback from the South Lot Line
JS O Feet Setback from the Lake (ordinary high-water mark) Feet Feet Setback from the River, Stream, Creek Feet Setback from the Bank or Bluff Feet	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way
Measurement Description Measurement	Description
Changes in plans must be approved by the Planning & Zoning Dept. closest point)	(8) Setbacks: (measured to the closest point)
132, 4	Diases complete (1) - (7) shows (prior to con-
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8×8	
	1/C=500E FD.
	OH 13
(*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Show Location of (*): Show: Show: Show any (*): Show any (*):
Proposed Construction North (N) on Plot Plan	(1) Show Location of: Prop (2) Show / Indicate: Nort

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